

**CONTRACTORS LICENSE BOARD**  
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS  
1010 Richards Street - P.O. Box 3469  
Honolulu, Hawaii 96801  
www.hawaii.gov/dcca/pvl

**EXCLUSION FROM CHAPTER 386, HRS**

(Note: Do not use this form if you are an LLC – contact the Board's office for instructions.)

I am claiming exclusion from the requirement to obtain workers' compensation insurance policy because:

- \_\_\_\_\_ I am a sole owner with no employees.
- \_\_\_\_\_ We are a partnership with no employees.
- \_\_\_\_\_ I am the Responsible Managing Employee (RME) and own at least 50% of the corporation and have no other employees. (**Attach proof of ownership**)
- \_\_\_\_\_ I am the Responsible Managing Employee (RME) and own at least 25% of the stocks of the corporation, collect no wages (stock dividends are considered wages), am an officer of the corporation and have no other employees. (**Attach proof of ownership**)
- \_\_\_\_\_ We are an **out-of-state contractor** with no employees in Hawaii.

I understand that upon employing any person in Hawaii, or if I no longer qualify for the exemption in any way, I must provide workers' compensation coverage under the Workers' Compensation Act and must submit a certificate of insurance to the Board. **I further understand that if I hire an employee, provide workers' compensation coverage for that employee and subsequently release that employee and desire to claim exclusion from chapter 386, HRS, I must again attest to that fact by signing another form.**

I have read and understand the above, and further understand that any misrepresentation of the above or failure to secure and maintain workers' compensation insurance if I am no longer excluded under Chapter 386, HRS, is grounds for revocation, suspension or refusal to renew a license or other disciplinary action.

|            |                           |   |
|------------|---------------------------|---|
| Date _____ | Signed _____              |   |
|            | Legal Name<br>of Licensee | _____                                     |
|            |                           | Sole owner, Corporation, Partnership, LLP |
|            | Tradename<br>(if any)     | _____                                     |
|            | Address                   | _____                                     |
|            |                           | _____                                     |
|            |                           | _____                                     |
|            | License No.               | _____                                     |

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